

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-018428

STATE FILE NUMBER

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 1413

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAY 3 1963

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy		c. CITY OR TOWN Bel Ridge	
Length of stay in 1b DOA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteo. Hosp.		d. STREET ADDRESS (If outside, give location) 3955 Shirley Ave.	
3. NAME OF DECEASED (Type or print) First Le Roy Middle Albert Last Albert		4. DATE OF DEATH Month 4 Day 27 Year 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/6/97
9. AGE (last birthday) 65		IF UNDER 1 YEAR Months 65 Days 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glassworker - Ret.		10b. KIND OF BUSINESS OR INDUSTRY Glass	
11. BIRTHPLACE (City and state or country) Petersburg, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Ernest F. Albert		13b. MOTHER'S MAIDEN NAME Mary Ann Tomlinson	
14. NAME OF HUSBAND OR WIFE Stella Albert		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 9420.1		17. INFORMANT Mrs. Stella Albert, 3955 Shirley	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation DUE TO (b) Acute Coronary Occlusion DUE TO (c) Generalized Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Aortic Aneurysm Thoracic		INTERVAL BETWEEN ONSET AND DEATH Sec. Sec. 2 hrs	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 11:35 a.m. 11:35 p.m. 11:35	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY St. Louis STATE Mo.	
21. I attended the deceased from 6/30/61 to 4/27/63 and last saw him alive on 4/15/63 Death occurred at 11:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) William D. McLawrence, M.D.	
22b. ADDRESS 7811 Carondelet Clayton & Mo		22c. DATE SIGNED 4/29/63	
23a. BURIAL CREMATION, REMOVAL (Specify) burial		23b. DATE 4/29/63	
23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		23d. LOCATION (City, town, or county) St. Louis County Mo.	
24. FUNERAL DIRECTOR Drehmann-Harral		25. DATE RECD. BY LOCAL REG. 4-29-63	
26. REGISTRAR'S SIGNATURE John B. Murphy, M.D.		27. DATE 4/29/63	

DATE AMENDED:

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 **4031**

2 **40162**

3

4 **0**

5 **1**

6

7 **1**

8 **1**

9 **420.1**

10

11

12 **43-2**

13

USE BLACK INK
OR
TYPEWRITER RIBBON

7814 Carondelet
Leave at ~~Normandy~~ ~~Osteo~~ Hosp.

Dr. McGowan will sign and we
will pick up later

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Warren A. Carver

Licensed Embalmer No.

3534

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.